



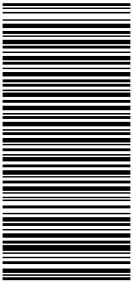
09-05-2002  
NONE  
PROVENTIL INHA  
10013226366A01

Plan member DODI O'DONNELL  
Member ID ODR072568O DONA  
Group number MAA 2507850  
Invoice number 10:013226366-A

**Your Account as of 09-03-2002**  
Balance as of 08-14-2002 \$ 10.00 CR  
Total for your order .00  
Shipping charges .00  
Payments Received 52.00 CR  
*See payment details on the back*  
**Total Due \$0.00**  
You have a credit of \$62.00 CR

EasyRx<sup>sm</sup> form

ODONNELL



MAA-2507850

In this package

PROVENTIL INHALER 17GM 90 MCG

Quantity 1  
2 refill(s) remaining  
Order next refill after 09-23-2002  
Prescription expires 08-27-2003

Rx# 0224600004-10  
Prescribed for DODI O'DONNELL  
by JONES  
NDC# 0008-5061-402

Total of this package \$0.00

You pay \$0.00

About your order

Your order was processed on September 03, 2002.

"HAVE YOU SEEN US ON THE INTERNET? VISIT OUR WEB SITE AT: WWW.MEDCOHEALTH.COM"

Questions?

If you have questions about your order please call Member Services at (800) 903-8639.

TEAR HERE

Use this form for new prescriptions.

1) Detach this section and complete the information below. 2) Insert completed form, prescription(s) signed by your doctor, and co-payment into the enclosed envelope.  
Save postage and time on future refills by charging all of your Home Delivery Pharmacy medications directly to your credit card.  
See the back of this form for additional instructions and payment options.

Member Information

Member ID ODR072568O DONA  
Group MAA 2507850

Member DODI O'DONNELL  
123 STREET  
STAMFORD, CT 06903

Phone (000) 000-0000

Shipping address if different

Phone ( ) -

Patient Information Complete one line for each new prescription (Do not use this form for refills)

Patient name and Medicare B number (if applicable)	Patient's relation to plan member (fill in one)	Sex	Birth date MM/DD/YYYY	Prescriber name and phone number	Does the patient have any other prescription plan?
1	Self Spouse Dependent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self Spouse Dependent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self Spouse Dependent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Information

You authorize release of all information to the plan administrator, underwriter, sponsor, policyholder and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Total number of medications in this order

Total enclosed (do not send cash)

\$ , .

MemberID: ODR072568O DONA

The Medco Health address on the back of this form must show through the window of the enclosed return envelope.



You pay \$0.00

After mailing this refill coupon, there will be 1 refill(s) left for this Rx. Order next refill after 09-23-2002. Prescription expires 08-27-2003.

To use the automated refill by phone service:

After 09-23-2002, call 1 800 903-8639

Have your member ID number and Rx numbers ready.

To order by mail after 09-23-2002:

- 1) Detach this section and complete the information on the back.
- 2) Insert form into the enclosed envelope.
- 3) If you are mailing more than one refill, you need to only fill out the information once.



0224600004-10

PROVENTIL INHALER 17GM, 90 MCG

TEST

Rx number 0224600004-10  
Quantity 1  
Original refills 2  
NDC number 0008-5061-402  
Prescriber Dr. JONES  
Group number MAA 2507850  
Patient DODI O'DONNELL  
Member ID 0DR0725680 DONA  
Address 123 STREET  
  
STAMFORD, CT 06903  
Phone (000) 000-0000

TEAR HERE

TEAR HERE

Important Easy Rx Order Information Enclosed

Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions. Under certain, limited conditions, chemical degradation of drug products is possible. If you want further information about your prescription, you may telephone the toll-free number below.

Please allow our Registered Pharmacists the opportunity to answer any questions you may have.

Call: 1 800 841-3044

Medco Health

Para la orientacion del paciente en espanol, vease el reverso.

after  
Refill  
September 23, 2002

